

VSEP Record Change Request Spring 2006



Record change forms **only** apply to post- Authorization to Proceed (ATP) record changes. Any changes needing to be made prior to ATP, can be done using the online system. **Please complete this form and fax it to the Division of Assessment and Reporting at (804) 371-8978. If a fax is unavailable, please call (804) 225-2102 to make other arrangements.**

NOTE: Record Change Requests received after your division's Authorization to Proceed will still be processed in order to provide corrected scores for individual students. However, it may not be possible at that time to provide revised summary reports.

Div. Director of Testing _____

Date _____

Division Name _____

Division Number _____

School Name _____

School Number _____

Record Change Request for:

Student Name _____

Date of Birth _____

Gender _____

Grade _____

Optional Student No _____

Race _____

Assessment(s) for which change is requested:

- | | | | | |
|---|-------------------------------------|---|--|---------------|
| <input type="checkbox"/> ALL TESTS | <input type="checkbox"/> Algebra I | <input type="checkbox"/> Virginia and United States | <input type="checkbox"/> World Geography | Earth Science |
| <input type="checkbox"/> English EOC Writing | <input type="checkbox"/> Algebra II | <input type="checkbox"/> World History I | Biology | Literacy |
| <input type="checkbox"/> English: EOC Reading | <input type="checkbox"/> Geometry | <input type="checkbox"/> World History II | Chemistry | Numeracy |

Change requested (Please be specific regarding the change being requested.):

Superintendent/Designee _____ Signature _____

DOE Disposition